

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** BROTOLOC HARBOUR VILLAGE WEST (0008637)

**Address:** 1150 82ND ST, KENOSHA, WI 53143

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2000

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096544      **End Date:** 11/28/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009129    Served 01/31/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		
83.21(4)(o)	MEDICATIONS		
83.21(4)(r)	TREATMENT CHOICE		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD		
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED		
83.33(3)(e)2.b	INJECTIONS		
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION		

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Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID: 0093680      End Date: 10/22/2004      Type: OTHER      Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009045    Served 11/30/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(o)	MEDICATIONS		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		

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**Survey ID: 0091636      End Date: 10/28/2003      Type: STANDARD      Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008635    Served 12/05/2003**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	10/22/2004	Yes

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**Survey ID: 0091172      End Date: 08/06/2003      Type: OTHER      Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10008913    Served 10/10/2003**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	10/22/2004	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	10/22/2004	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	10/22/2004	Yes

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 01/30/2006      SOD #10009129      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.21(4)(o)  
FORFEITURE---83.33(2)(a)  
FORFEITURE---83.33(2)(c)  
FORFEITURE---83.33(2)(g)3

**Date: 11/24/2004      SOD #10009045      Appealed: No**

Sanctions

FORFEITURE---83.19(1)(d)  
FORFEITURE---83.21(4)(o)  
FORFEITURE---83.33(2)(g)3

**Date: 12/03/2003      SOD #10008635      Appealed: No**

Sanctions

PROVIDE TRAINING  
FORFEITURE---13.05(2)  
FORFEITURE---83.21(4)(m) withdrawn 11/17/04

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 09/22/2005**

**Date Investigation Completed: 11/28/2005**

Subject Area(s)  
MEDICATIONS  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
10009129

**Date Complaint Received: 09/12/2005**

**Date Investigation Completed: 11/28/2005**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/16/2005**

**Date Investigation Completed: 11/28/2005**

Subject Area(s)  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
MEDICATIONS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
10009129  
10009129

**Date Complaint Received: 07/27/2005**

**Date Investigation Completed: 11/28/2005**

Subject Area(s)  
LICENSED CAPACITY /CLASS OF LICENSE  
SUPERVISION  
MEDICATIONS  
ADMISSION, TRANSFER & DISCHARGE  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
10009129  
10009129  
10009129  
  
10009129

**Date Complaint Received: 04/13/2005**

**Date Investigation Completed: 11/28/2005**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS  
STAFF ADEQUACY

Result  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
10009129  
10009129

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CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 04/08/2004**

**Date Investigation Completed: 10/22/2004**

Subject Area(s)

NUTRITION & FOOD SERVICES  
PROGRAM SERVICES  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

10009045  
10009045

**Date Complaint Received: 06/25/2003**

**Date Investigation Completed: 08/06/2003**

Subject Area(s)

MEDICATIONS  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

10008913  
NOT RECORDED  
10008913

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